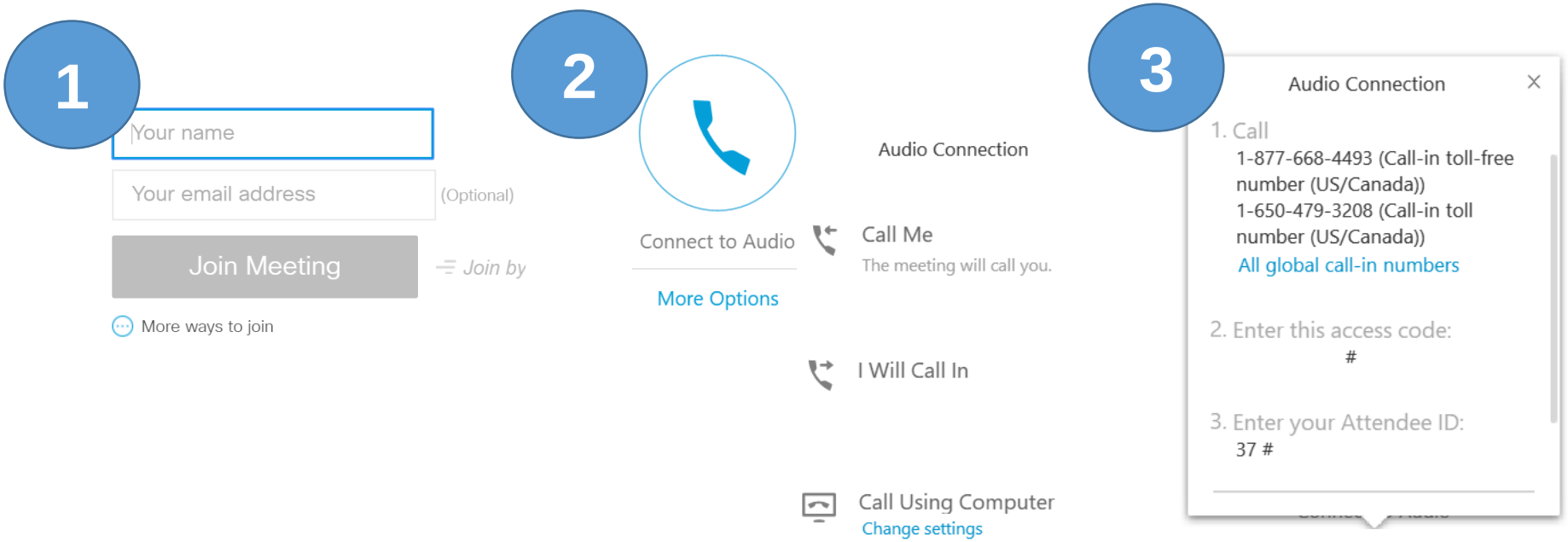
WebEx Instructions



1. When logging in, please include a first name and initial of your last name.
2. Once you have logged in, please select “Connect to Audio” and select any of the three options under “Audio Connection”.
3. If you select “I Will Call In”, please follow the instructions and enter your Attendee ID.

DY7/DY8 Stage 1 Measure Guidance: Behavioral Health

June 4th, 2018

Screenings and Appropriate Follow-Up for Potential Substance Use Disorder and Depression by Primary Care and Behavioral Health Providers

Today's Objectives

- **By the end of this webinar, participants will be able to:**

  Explain the measure rationale and context

  Interpret the measure specifications to complete chart reviews

Agenda

- **Introduce Robin Ford**

  Executive Director in the Office of Health Care Financing
- **Rationale and context for measure**
- **Measure Specifications**

  Eligible populations/visit types

  Quick review of evidence based guidelines

  Inclusions/Exclusions

  Numerator/denominator logic
- **Hospital Perspective**

  Angela Dito and Kim Watson, Capital Health System
- **Q&A**

Introducing Robin Ford

Robin Ford, MS

Executive Director, Office of Health Care Financing

Ms. Ford joined the DOH on March 5, 2018. In addition to DSRIP, responsibilities of the office include the Charity Care program, Graduate Medical Education funding, hospital financial early warning system, hospital assessments and hospital financing through the NJHCFFA.

Prior to joining DOH, Ms. Ford worked in a non-partisan role at the New Jersey Legislature drafting legislation, staffing committees and conducting research and analysis of the State budget, and Health, Human Services, Labor, Banking and Insurance issues. Ms. Ford also has experience working for a rural health department in Arizona and conducting research for the Center for the American Woman and Politics at Rutgers University.

POLL 1

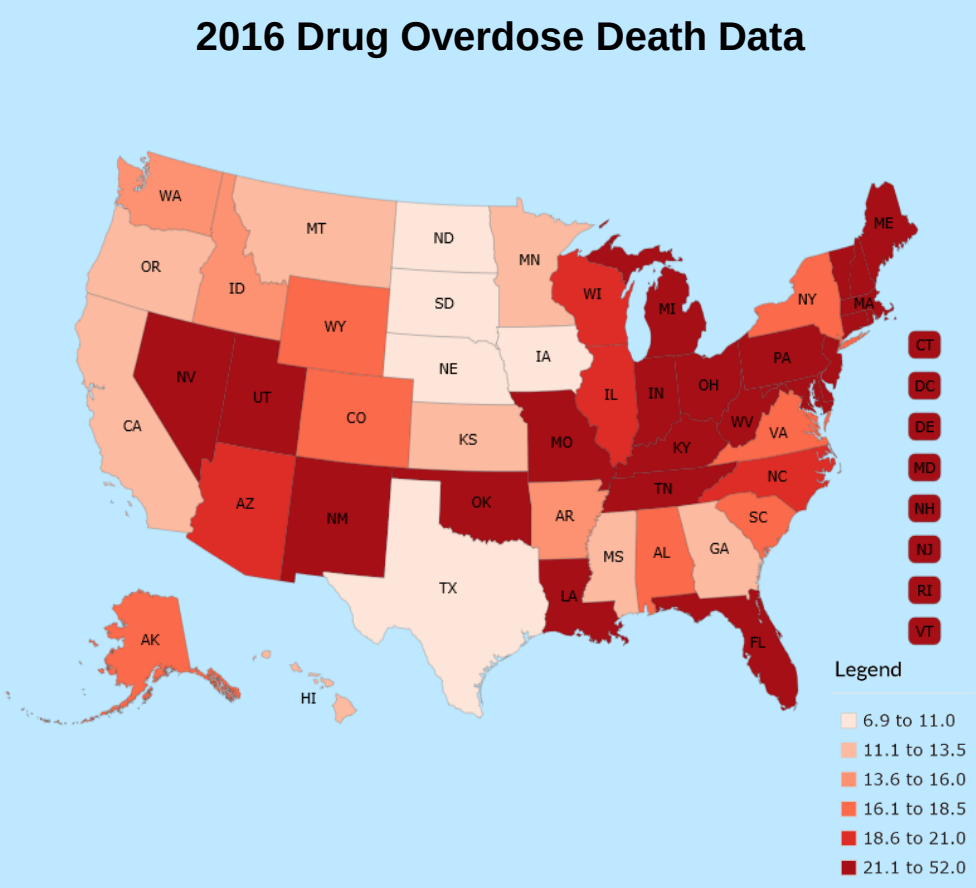
1. Personally, I feel that adverse health outcomes related to mental health and substance use disorder (SUD) are a problem in New Jersey.

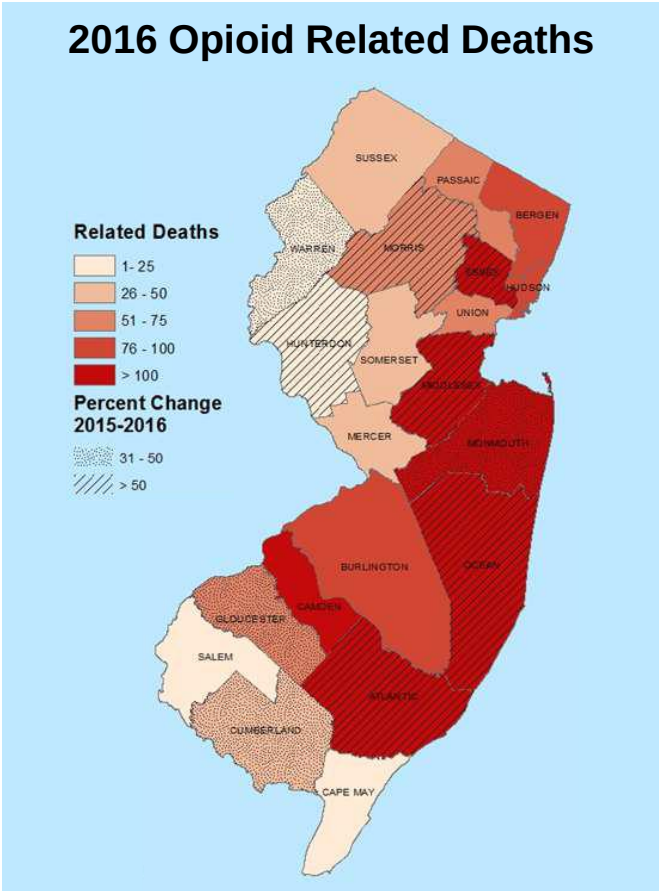
POLL 2

2. At my hospital/clinic, addressing mental health and substance use disorder is a priority.

Measure Rationale/Context

Scope of the Problem: SUD





2016 CDC Data

Data Presented at New Jersey Association of Mental Health and Addiction Agencies Annual Conference; April 10, 2018, by Shereef Elnahal, M.D., M.B.A., Commissioner, New Jersey Department of Health.

Scope of the Problem: SUD

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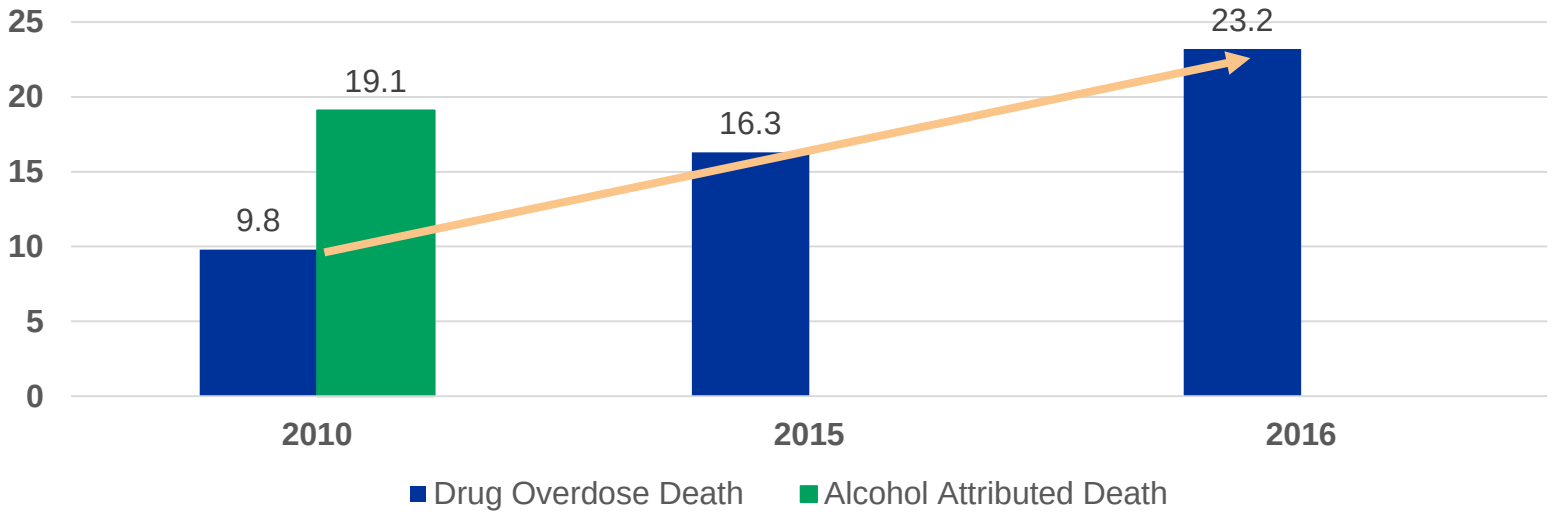
Screening of US Adult Population [1]

28% have unhealthy alcohol use

18% report illicit/non-med prescription drug use

New Jersey Deaths per 100,000 [2-4]



References:
1. Results from the 2015 National Survey on Drug Use and Health: Detailed Tables. https://www.sa mhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm#tab2-46b (Accessed on May 25, 2018). 2.CDC. Drug Overdose Death Data. https://www.cdc.gov/drugoverdose/data/statedeaths.html. 3. Saitz R. Clinical practice. Unhealthy alcohol use. N Engl J Med 2005; 352:596. 4. Stahre M, et al. Contribution of Excessive Alcohol Consumption to Deaths and Years of Potential Life Lost in the United States. Available at: https://www.cdc.gov/pcd/issues/2014/13_0293.htm.

Scope of the Problem: Depression

50% of Americans diagnosed with a mental illness or disorder at some point in their lifetime (CDC)

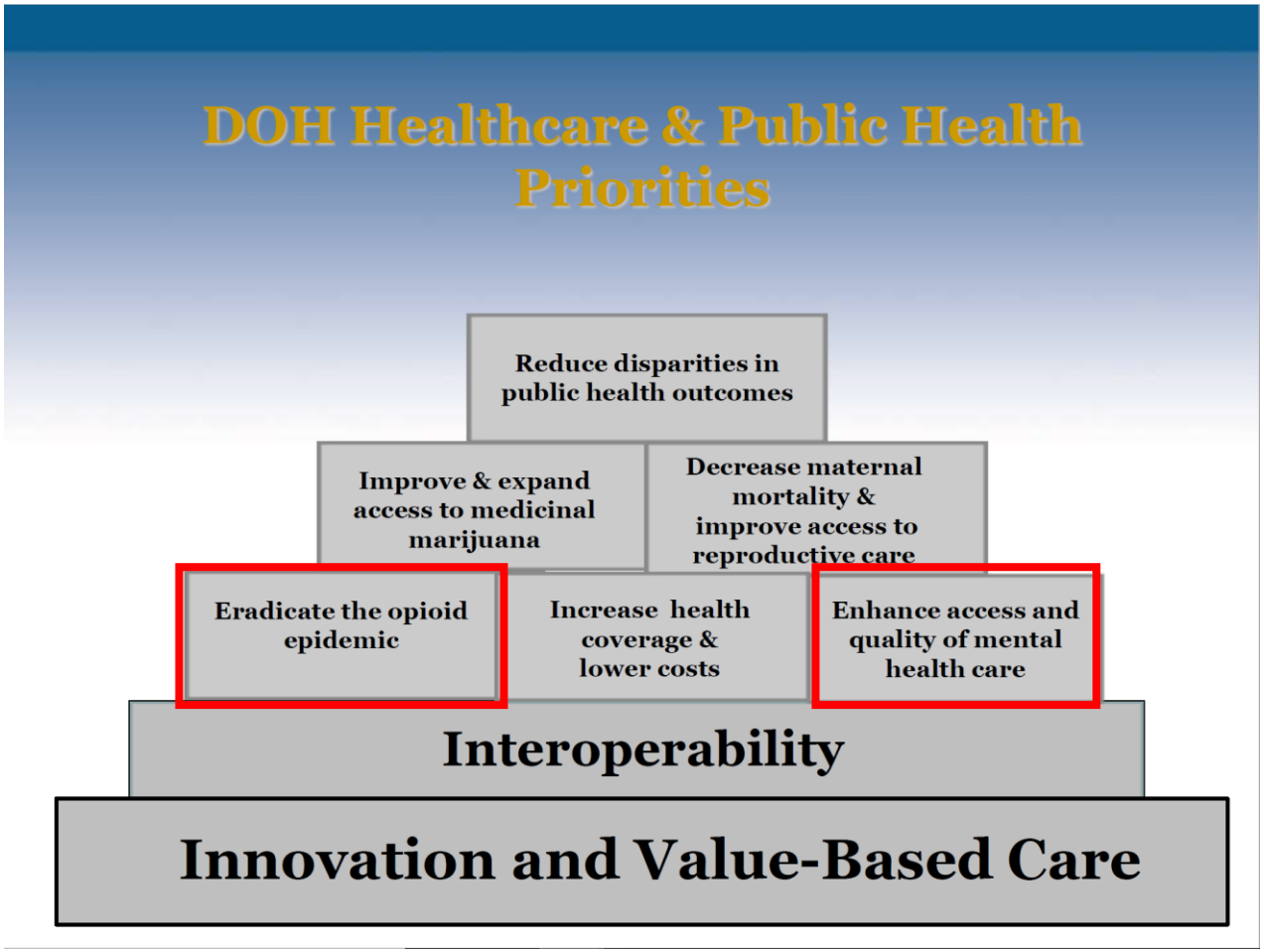
4.1% of American adults had a serious mental illness in the past year (SAMHSA 2014)

3rd most common cause of hospitalization in US for those aged 18-44 (CDC)

By 2020 mental & substance use disorders will surpass all physical diseases as a major cause of disability (SAMHSA)

4.2% pts screened at office based PCP visits. African Americans less likely to be screened. 47% of screens resulted in new depression diagnosis, indicating providers screen when they already suspect depression (Akincigil et al., *Psych Services* 2017)

Scope of the Problem:
NJ State Priorities



New Jersey Association of Mental Health and Addiction Agencies Annual Conference, April 10, 2018 by Shereef Elnahal, M.D., M.B.A., Commissioner, New Jersey Department of Health

Measure Specification

POLL QUESTION 3

3. Does your organization's primary care or behavioral health clinics (or reporting partner clinic(s)) already have a systematic Depression/SUD screening protocol in place?

Evidence Based Consensus*

- Most national organizations endorse regular screening for depression and SUD

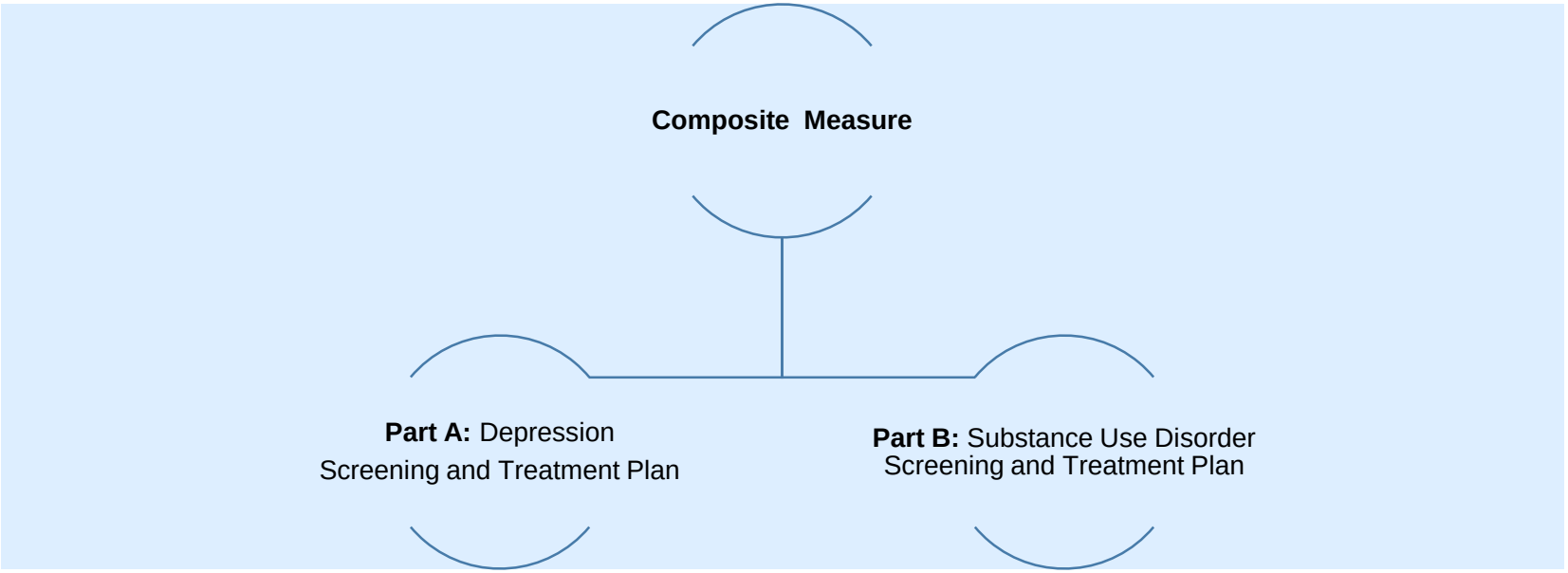
- No consensus on screening frequency

- Broad spectrum of evidence based follow-up plan options for the primary care/BH office setting

Measure Description

Screenings and Appropriate Follow-Up for Potential Substance Use Disorder and Depression by Primary Care and Behavioral Health Providers

Percent of patients 12 years of age or older who had at least one visit with a primary care or behavioral health provider during the experience period who were screened for depression and substance use disorder using a standardized screening tool at least once in the previous year AND, if positive for depression or a substance use disorder, had an appropriate follow-up plan in place as documented in the medical record as of the date of the screening.



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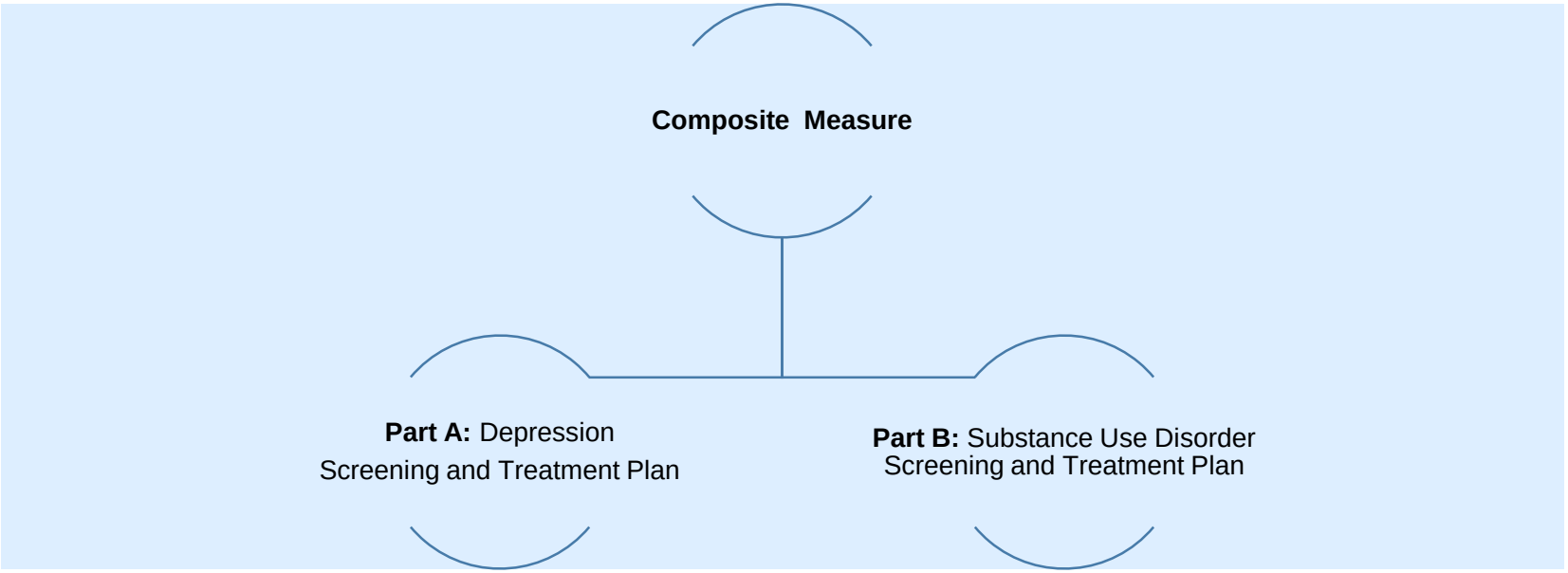


Attributable Population to Eligible Population

Inclusions

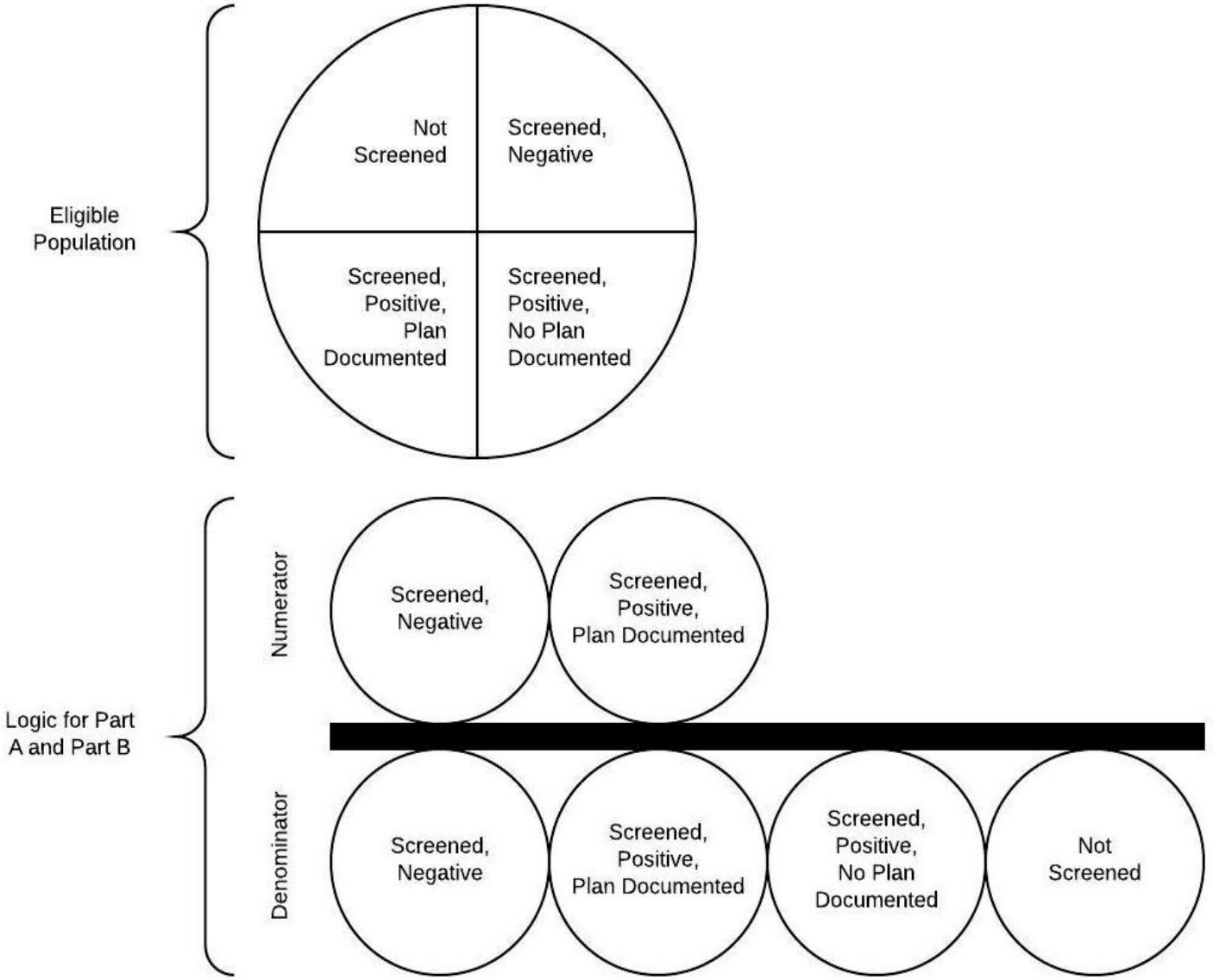
- Patient is greater than or equal to 12 years old
- Patient had at least one visit with a primary care or behavioral health provider (Appendix A-73 of Databook) during experience period
- Experience period is July 1, 2018-December 31, 2018 for DY7 only (full CY in DY8)

Exclusions

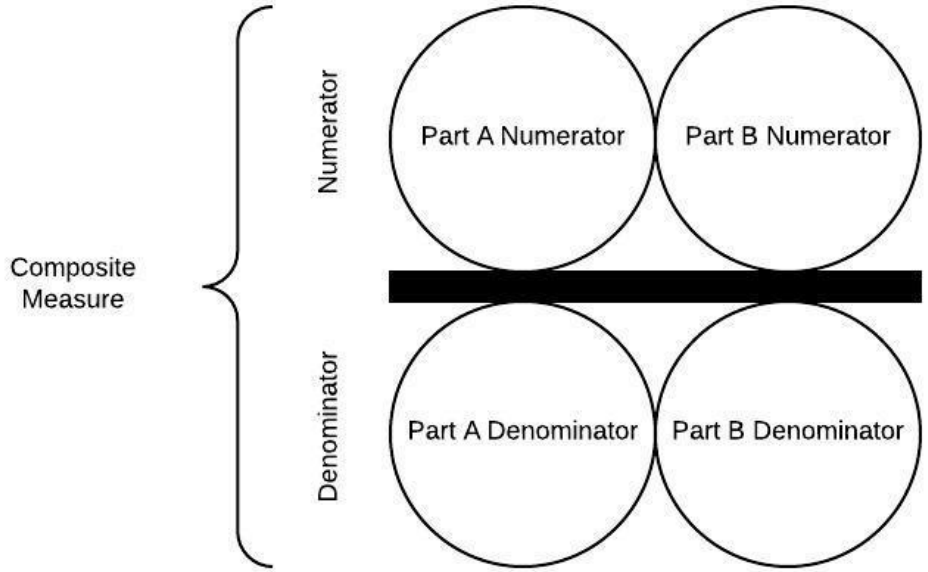
A patient is not eligible if one or more of the following conditions are documented:

- Patient refuses to participate in the follow-up plan;
- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status; or
- Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools. For example: certain court appointed cases or cases of delirium.
- *Patient has an active diagnosis of depression or bipolar disorder.*

Measure Logic



Measure Logic



What can we learn from this measure?

Hospital Learning Objectives

- Are we screening our population?
- What is the burden on the population?
- Do providers document guideline based follow-up plans when someone screens positive?

SRW Implications

- SRW will have specific entries to track each of the following and will include formulas to calculate final metric result.

Capital Health System

Angela Dito, BSN, RN-BC

Director of Population Health Care Management

Kim Watson, RN

DSRIP Program Supervisor

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Behavioral Health and Substance Use Disorder

- Current workflow
  - Depression screening in PCP
  - Substance Use Disorder screening in Emergency Department
- What needs to be implemented and how can we be successful?
  - SUD screening in PCP offices
  - Evaluate built in screening tools in the EHR
  - Develop an education plan for staff
    - Can the SUD screening questions be added to existing depression screening process to minimize workflow changes?

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Behavioral Health and Substance Use Disorder

- Data Collection Challenges
  - Attribution/manual mining for one reporting partner
  - Is the follow up something that can be extracted from the data?
  - Location of screening documentation in the medical record for review

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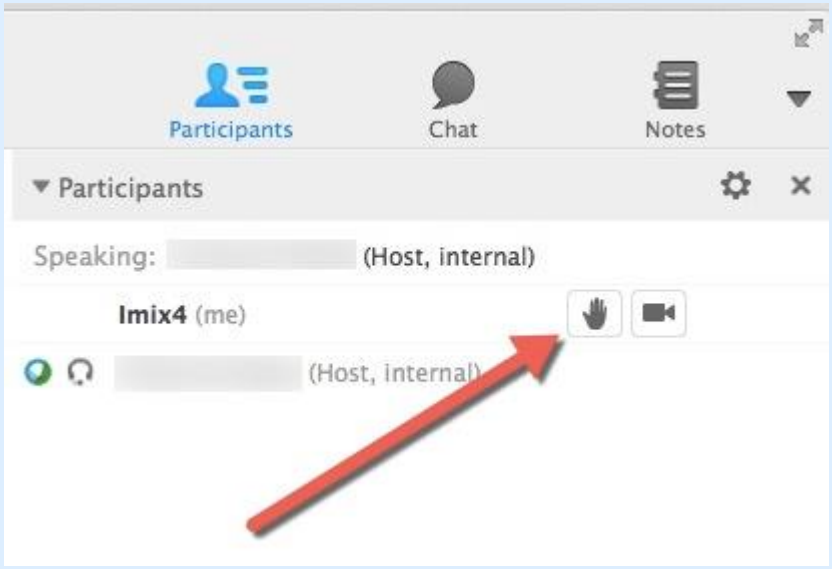
Q & A

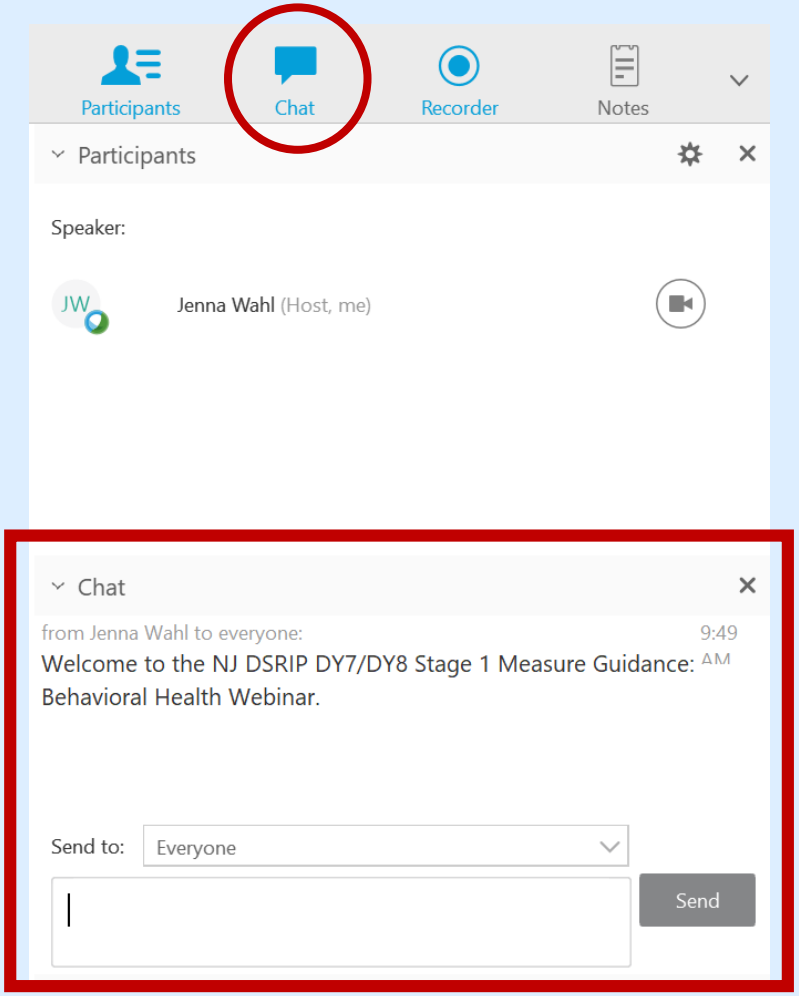
Q & A

NJ Health
Improving Health Through Leadership and Innovation

To ask questions, please use the raise your hand or chat functionality.



Raise your hand



Chat

Appendix

Screening Guidelines Consensus

REGULAR SCREENING FOR DEPRESSION AND SUD RECOMMENDED / ENDORSED BY: *THIS IS NOT AN EXHAUSTIVE LIST*	FREQUENCY:
AAP	**Depression** : Screen at least annually for adults and adolescents.
AAFP	
NIAAA	**SUD:** Screen at least annually for adults and adolescents.
NIDA	
SAMHSA	*Synthesis of recommendations from Up to Date (March 2018):*
Up to Date (Clinical decision support resource)	*"Although there is little evidence upon which to base a recommendation of screening frequency,* ***federally-funded screening programs and the Department of Veterans Affairs recommend annual screening****."*
US Preventive Services Task Force *(seminal org. for recommendation)*	

Follow-up Options

Depression

- Additional evaluation
- Suicide Risk Assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

SUD

- Pharmacological interventions.
- Referral to treatment including but not limited to:
    - Individual and group counseling; Inpatient and residential treatment; Intensive outpatient treatment; Partial hospital programs; Case or care management; Methadone treatment, or Buprenorphine treatment if the provider has not completed the waiver training to prescribe; Recovery support services; 12-Step fellowship; Peer supports
- Additional evaluation
- Other interventions or follow-up for the diagnosis or treatment of substance use disorder